

Work Order ID 122417

122417

Page 1

Item ID: D4063-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Hose

Start Date: 7/15/14 Start Qty: 6.00

~~*B*~~
~~*A*~~

Cust Item ID:

Required Date: 7/15/14 Req'd Qty: 6.00

Customer:

Reference:

Approvals: Process Plan: MCS Date: 140716 Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4063	A

100

0.00

100

Purchasing

Memo

0.00

Purchasing

Issue P/O: 25086

Purchase part as per Dwg D4063

Part #: 193-6

***ATTN: ORDER IN UNITS-

EX. IF W/O IS FOR 6 INDICATE ON PO

6 PCS OF 24" ****only come in 12" at a time

Possible Supplier: Stratoflex(AVIALL)

Material release note required

CL 14/07/21 6

102

Receive & Inspect for Damage & Mat'l Certs

0.00

102

Packaging

Memo

0.00

Packaging

14/7/13 (12)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 122417

July-15-14 3:20:00 PM

122417

Page 2

Item ID: D4063-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Hose

Start Date: 7/15/14

Start Qty: 6.00

6

Cust Item ID:

Required Date: 7/15/14

Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

105

0.00

105

Small Fab

Memo

0.00

Small Fab

CUT TO LENGHT AS PER DWG

8 88 14-08-08

107

QC5- Inspect part completeness to step on W/O

0.00

107

QC

Memo

0.00

Quality Control

8 DAS 9 38 14/08/08
9-89 9-89

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

N/A DAS 9 9-89

DQA: _____ Date: _____

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Doc/Data									
Equip/Tooling									
Handling/Pre									
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Work Order ID 122417

July-15-14 3:20:00 PM

122417

Page 3

Item ID: D4063-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Hose

Start Date: 7/15/14 Start Qty: 6.00 *6*

Cust Item ID:

Required Date: 7/15/14 Req'd Qty: 6.00 *6*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>5T220A</u>	0.00							
130									
Packaging	Memo	0.00				8X	DAS 28 9-89	AUG 08 2014	
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

MLJ 14-8-11
4-8.8

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

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Picklist Print

July-15-14 3:20:03 PM

Page 1

Work Order ID: 122417

122417

Parent Item: D4063-1

D4063-1

Parent Item Name: Hose

Start Date: 7/15/14

Required Date: 7/15/14

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP rev A 10.02.02 new issue Prelim EC verified by: DD IPP Rev:B
10.05.17 as per ECN10-562 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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193-6		Purchased	No				f	0.0000					
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193-6
Stratoflex

**

Handwritten: 44/7/31 (12)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No.: _____ NCR No.: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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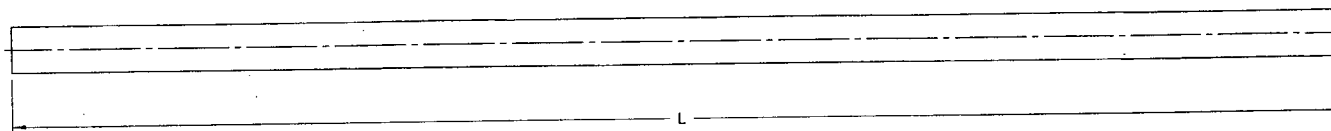
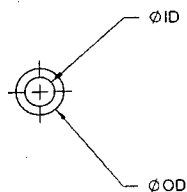
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Design									
Doc/Data									
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FAULT CATEGORY

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DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4063-1	193-6
D4063-3	193-8

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	POSSIBLE SUPPLIER	SUPPLIER PART NUMBER	MATERIAL	MATERIAL SPEC	LENGTH	INSIDE ϕ NOMINAL "ID"	OUTSIDE ϕ NOMINAL "OD"
D4063-1	AVIALL	193-6	SEAMLESS BUNA-N	MIL-H-5593	17.0	0.38	0.60
D4063-3	AVIALL	193-8	SEAMLESS BUNA-N	MIL-H-5593	24.0	0.50	0.75

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

D4063-X VENT HOSE

RELEASED
2010-05-05
NND

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4063-1/-3" AND B/N USING WHITE FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.11 lbs

NO. 122417 MLCJ
14-07-16

A	NEW ISSUE	BY	10.02.05
REV.	DESCRIPTION		
DESIGN		DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN			
CHECKED		DRAWING NO.	REV. A
MFG. APPR.		D4063	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR.		VENT HOSE	NTS
DATE	10.02.05	COPYRIGHT © 2010 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO25086**

Purchase Order Date 7/21/2014

PO Print Date 7/21/2014

Page Number 2 of 4

Order From :

VU-AVI003

AVIALL
PO BOX 842275

DALLAS, TX 75284-2275
USA

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone 905-676-1695

Ship To Contact

Ship To Phone

Ship Via: FedEx PI ppd

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Terms

Net 30

Currency

USD

FOB

FCA - (Free Carrier)

3	200-36S	Hose Clamp	7/28/2014	10.00	\$2.27	\$22.70
			Yes	Each		
			7/28/2014			

AS PER DWG D4027 REV. A
B122451
P/N: QS200M36S

Line Total: \$22.70

4	193-6	Stratoflex	7/28/2014	12.00	\$3.21	\$38.52
			Yes	f		
			7/28/2014			

AS PER DWG D4063 REV. A
B122417
1 PCS OF 12 FT

Line Total: \$38.52

5	193-8	Stratoflex	7/28/2014	12.00	\$5.49	\$65.88
			Yes	f		
			7/28/2014			

AS PER DWG D4063 REV. A
B122418
1 PCS OF 12 FT

PO Instructions:

Note:

7/21/2014



PACKING LIST



DELIVERY NUMBER: 8000676919

ROUTE: US FedEx International Priority

PAGE:1 of 1

DATE:07/30/2014

TIME:15:03:33

EMP:00000000

ORD TYP: ZOR 169

CURRENCY:USD

CUSTOMER PO:25086
ORDER NUMBER:1000477648
ORDER DATE:07/22/2014

B 10003952
I DART AEROSPACE LTD
L 1270 ABERDEEN STREET
L HAWKESBURY ON K6A 1K7
T CANADA
O

S 10003952
H DART AEROSPACE LTD
I 1270 ABERDEEN STREET
P HAWKESBURY ON K6A 1K7
T CANADA
O

S 1000
H AVIALL CENTRAL WAREHOUSE
I DALLAS CDC
P 2750 REGENT BLVD
F DFW AIRPORT TX 75261-9048
R USA
O

LINE	PO LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	QUANTITY BACK ORDER	UOM	LIST PRICE	CUSTOMER PRICE	EXTENDED CUSTOMER PRICE
00010	10	28	20036S CLAMP: LOOP,HOSE,SS	10	10	0	EA	5.67	2.27	22.70
			BATCH 0113401041							
00020	20	10	193-6 HOSE: LOW PRESSURE,RUBBER	12	12	0	FT	5.48	3.20	38.40
			BATCH 7363700818 Exp Date: 12/29/2021							
00030	30	10	193-8 HOSE: LOW PRESSURE,RUBBER	12	12	0	FT	9.39	5.49	65.88
			BATCH 7363754698 Exp Date :08/19/2021							
			BATCH 7363656826 Exp Date :09/30/2020							
00040	40	28	NAS1149DN432K WASHER: FLT,AL	100 ✓	100	0	EA	26.70	10.70	10.70
			BATCH 1113426482		100					

This is not an Invoice.
For payment processing, please refer to Invoice.

The recipient of these goods agrees to comply with all export regulations governing the transfer, sale, lease, or use of these goods.
Diversion contrary to U.S. Law is prohibited.

CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

JR Hofmann, Director, Global Quality

07/30/2014
Date

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL
RETURNED MERCHANDISE SUBJECT TO HANDLING
FEE.
THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH
THE PROVISIONS OF THE FAIR LABOR ACT OF 1936
AMENDED.

CUSTOMER COPY



Parker Hannifin Corporation
Stratoflex Products Division
220 Roberts Cut-Off Road
Forsyth, TX 76114 USA
Tel (817) 738-6543
Fax (817) 738-9920

PACKING LIST & CERTIFICATE

INVOICE NO.

Page 1 of 1

LOC	CUST. NO.	S.O. DATE	DATE PRINTED	DATE ENTERED	CUSTOMER ORDER NUMBER		FOB
2R	785204	03/19/14	04/11/14	03/19/14	0045013341		
TERMS			REQUESTED ROUTING		PPD	COLL	PP&C
1.5-25 INST-10TH PROX., N30			PREFERRED SHIPPING INSTRUCTIO				SPL
SALES ORDER NO. & RELEASE NO. 000789001			SHIPPED VIA		WAYBILL NO.	# BOXES	WEIGHT
						1	2430
			DATE SHIPPED				



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AVIALL INC
ATTN ACCOUNTS PAYABLE
P O BOX 619048
DALLAS TX 75261 9048

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AVIALL CENTRAL WAREHOUSE
2750 REGENT BOULEVARD
DFW AIRPORT

TX 75261 US

JDD 5-2-14 MW 5-6-14

ITEM NO.	QTY ORDERED	PART NUMBER/DESCRIPTION	QTY SHIPPED	PROM DATE/ CUST REQ
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PLEASE SHIP FX GROUND 150 POUNDS OR LESS ACCT# 075268572
OVER 150 POUNDS USE CEVA
****ALWAYS SHIP FREIGHT COLLECT*****

1 1400 193-6
193-6=10

HOSE PN#24459306-S

ITEM=00010

ECCN# 9A991d

LC C028 C034 D074

04/25/14
05/05/14



193-6



193-6=10

ITEM 193-6=10



BATCH 7363700818



MTHOMAS
05/08/14

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CERTIFICATE
OF
CONFORMANCE

WE HEREBY CERTIFY THAT THE ABOVE PARTS, INCLUDING ALL MATERIALS, HAVE BEEN MANUFACTURED, TESTED, INSPECTED AND PACKED IN CONFORMANCE WITH ALL OF THE REQUIREMENTS OF YOUR ORDER AND THE APPLICABLE GOVERNMENT SPECIFICATIONS & STANDARDS. RECORDS OF TESTS, INSPECTIONS AND CERTIFICATIONS INDICATING THE ABOVE CONFORMANCE ARE ON FILE AT STRATOFLEX, AVAILABLE FOR YOUR EXAMINATION. OUR QUALITY PROGRAM MEETS THE REQUIREMENTS OF ISO 9001/AS9100 AND D6-82479.

[Signature]
QUALITY REPRESENTATIVE

PART# 193-6

SALES ORDER # 002789001

PREFORM #

CURE DATE

JOB #

LENGTH

	PREFORM #	CURE DATE	JOB #	LENGTH
1	0104H	4013	0434890	204
2	0104H	4013	0434890	551
3	0104H	4013	0434890	230
4	0104C	4013	0434890	288
5	0104G	4013	0434890	127
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FILLED BY: J.D.D.

TOTAL LENGTH 1400